



**SOUTH CAROLINA
DEPARTMENT OF
DISABILITIES AND SPECIAL NEEDS**

To: South Carolina Vocational Rehabilitation Department Local Office

Re: Referral from DDSN Service Coordinator _____

Date: _____

Fax: _____

This memo is to inform you that: _____
is interested in securing independent, community employment with the help of the
South Carolina Vocational Rehabilitation Department. This referral has been made at
the suggestion of the DDSN Service Coordinator.

*****Consumer Contact Information*****

Name: _____

(Legal Guardian if applicable): _____

Street: _____

City and Zip: _____

S.S.#: _____ Phone Number: _____

Consumer has contacted SCVRD previously? _____ Yes _____ No

*****Release Information*****

In an effort to increase communication and assist in securing employment, permission
has been given to release information to both:

DDSN Service Coordinator: _____

Phone: _____ Email: _____

Consumer Signature: _____

(Legal Guardian if applicable): _____

Date: _____

Note: Retain copy in DDSN Service Coordinator file.